

## **RECOMMENDATIONS FOR THE PREVENTION & CONTROL OF GASTROENTERITIS OUTBREAKS ASSOCIATED WITH LONG-TERM CARE AND OTHER INSTITUTIONAL SETTINGS**

*New Jersey Administrative Code Title 8: Chapter 57 (N.J.A.C. 8:57) mandates that any suspect or known outbreak, including, but not limited to, foodborne, waterborne or nosocomial (i.e., healthcare-acquired) disease or a suspected act of bioterrorism is reportable immediately by telephone to the health officer (or his/her designee) of the local health department (LHD) with jurisdiction over the facility. Per N.J.A.C.8:57 the LHD shall notify the state health department, determine that an outbreak exists, ascertain the source and spread of infection, and determine and implement appropriate control measures. With very few exceptions, the LHD shall lead the investigation.*

1. A case of acute gastroenteritis associated with a long-term care facility or institutional setting is defined as:
  - a) Two or more episodes of loose or watery stools *above what are normal* for the resident or staff member within a 24-hour period,
  - b) Two or more episodes of vomiting within a 24-hour period, **OR**
  - c) Laboratory evidence of a gastrointestinal infection (e.g., stool culture positive for a pathogen [e.g., *Shigella*, *Escherichia coli* O157:H7, *Campylobacter*] or a toxin assay positive for *Clostridium difficile*) AND at least one symptom or sign compatible with gastrointestinal infection (e.g., nausea, vomiting, abdominal pain or tenderness, and diarrhea).

The health care provider will determine the cause of gastroenteritis based on the patient's history, physical and/or laboratory examination. If possible, LHDs may facilitate the collection of stool specimens for the purposes of confirming a diagnosis. Note: Acute gastroenteritis may be caused by bacteria, viruses, parasites, or by noninfectious conditions. Care must be taken to rule out noninfectious causes (e.g., medications, gallbladder disease) of symptoms. An outbreak should be suspected when the number of acute gastroenteritis cases is greater than what would be expected to occur within one (1) unit, one (1) wing, or throughout the entire facility.

2. To prevent illness spread, facilities should cohort residents according to their living area and staff according to their work area. Staff may include volunteers, private duty, contracted or agency personnel, who perform housekeeping, recreational, laundry, dietary, social service, and administrative activities. Symptomatic residents must remain in their rooms until 24 hours after acute symptoms (e.g., fever, nausea/vomiting, abdominal pain, loose stool) have resolved. Isolate ill residents from well residents (e.g., suspend community dining or recreational activities where ill and well intermingle).
3. Facility staff assigned to affected unit(s) should not be rotated to work on other floors or units until the LHD, in conjunction with Department of Health & Senior Services (DHSS), has determined that the outbreak is under control. This includes not permitting staff to work on other units after completing their usual shift on the affected floor(s) or unit(s).

4. **Sick staff may not work.** If a staff member becomes sick with a fever or gastrointestinal symptoms, they should be sent home immediately. Symptomatic staff members should be restricted from performing direct patient care until 24 hours after acute symptoms have resolved.
5. Infection Control: In addition to standard precautions, use contact precautions. Provide in-service education to staff on ALL shifts that includes hand-hygiene, contact precautions, and stool specimen collection. This in-service education should be **mandatory**. Periodically evaluate the staff's adherence to the above infection control precautions.
6. The facility should ensure adequate environmental and surface cleaning. Prompt disinfection of contaminated surfaces is recommended. For outbreaks of viral gastroenteritis, the Centers for Disease Control and Prevention (CDC) recommends disinfection using an appropriate commercial germicidal product according to the manufacturer's instructions.
7. The facility should limit visitors to those who regularly visit residents. Inform all visitors of the illness and the requirement that even visitors need to adhere to infection control practices by using gloves and gowns as needed. Instruct and inform visitors of the importance of frequent hand washing and request that they follow the facility's hand-hygiene protocol.
8. Facilities should report the outbreak, new cases, hospitalizations, or notable changes in the pattern of illness to their LHD immediately. When LHD personnel are unavailable, facilities should report the outbreak to the DHSS Infectious and Zoonotic Disease Program (IZDP) at 609-588-7500, Monday through Friday 8:00 AM - 5:00 PM. On weekends, evenings and holidays, DHSS can be reached at (609) 392-2020.
9. The LHD investigator, in consultation with IZDP staff, will provide recommendations and guidance to the facility for outbreak management, control, and prevention.
10. The facility should complete a line list for all ill residents and staff meeting the case definition created through the collaborative efforts of the LHD and DHSS. The facility should complete the line list promptly and send it to the LHD investigator that is assisting the facility with control of the outbreak. The LHD, in conjunction with the DHSS staff will review the line listing and assess the status of the outbreak.
11. Further outbreak control measures or recommendations concerning enhanced visitor restriction, restricting patient transfers, or admissions can be made in consultation with the facility administration, LHD and the DHSS, IZDP.
12. Facilities are also required to report outbreaks to DHSS, Long-term Care Licensing at (609) 633-8980, Monday through Friday, 8:00 AM - 5:00 PM or 1-800-792-9770 during evenings, weekends, and holidays.